

RECEIVED
CENTRAL FAX CENTER
OCT 02 2008
FORMAL

IN RE APPLICATION NUMBER: 10/533,371

TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
ATTN: CUSTOMER SERVICE

FACSIMILE NUMBER: (571) 273-8300

THE SENDER IS: Barbara A. Ruskin
Registration Number 39,350
ROPES & GRAY LLP
1211 Avenue of the Americas
New York, New York 10036
Tel.: (212) 596-9000
Fax.: (212) 596-9090

CLIENT/MATTER NO. COLL/019

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

October 2, 2008
Date


Sarah Schlie

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 3

DATE: 10/2/08 FACSIMILE OPERATOR: Sarah Schlie

THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT THE UNAUTHORIZED DISSEMINATION OF THE COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.

OCT 02 2008

PTO/SB/83 (04-08)

Approved for use through 12/31/2008 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/533,371
Filing Date	June 1, 2006
First Named Inventor	Mark Pines
Art Unit	1614
Examiner Name	Christopher R. Stone
Attorney Docket Number	COLL/019

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record; James F. Haley, Jr., (Reg. No. 27,794); Jane T. Gunnison, (Reg. No. 38,479);
Barbara A. Ruskin, (Reg. No. 39,350); Shilpi Banerjee, (Reg. No. 53,985)
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6). Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Client failed to pay one or more bills for an unreasonable period of time 10.40(c)(1)(vi) and was notified about termination of representation and all files returned in 2006.

(Page 1 of 2)

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

3649432_1.DOC

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

American LegalNet, Inc.
www.FormsWorkflow.com

RECEIVED
CENTRAL FAX CENTER
TO:USPTO
OCT 02 2008

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:

OR

B. ☒ Inventor or
Assignee name Mark Pines

Address

Collgard Biopharmaceuticals Ltd., 15 Gonen Street, Kiryat Matalon, P.O. Box 7779

City Petach Tikva State Zip 49170 Country Israel

Telephone 011.972.3.924.7447

Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Barbara A. Ruskin

Name

Barbara A. Ruskin

Registration No. 39,350

Address Ropes & Gray LLP, 1211 Avenue of the Americas

City New York

State New York

Zip 10036

Country US

Date

October 2, 2008

Telephone No. (212) 596-9000

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

3649432_1.DOC

American LegalNet, Inc.
www.AmericanLegalNet.com